

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. BBI-043CPUSCNRCE
Application No. 09/801185-Conf. #1672	Filing Date March 7, 2001	Examiner D. A. Saunders	Art Unit 1644

Applicant(s): Jochen G. SALFELD *et al.*

Invention: HUMAN ANTIBODIES THAT BIND HUMAN TNF $\alpha$

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	62	- 114 =		x	
Independent Claims	26	- 23 =	3	x 200.00	600.00
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					
Other fee (please specify): Extension for response within third month					1,020.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>1,620.00</b>

☒ Large Entity

☐ Small Entity

☐ No additional fee is required for this amendment.

☒ Please charge Deposit Account No. 12-0080 in the amount of \$ 1,620.00.

A duplicate copy of this sheet is enclosed.

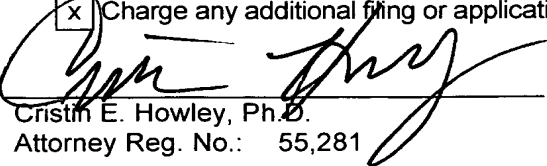
☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 12-0080 as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

  
Cristin E. Howley, Ph.D.  
Attorney Reg. No.: 55,281

Dated: February 24, 2005

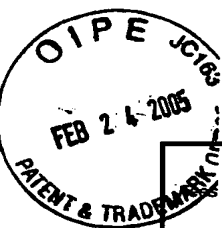
LAHIVE & COCKFIELD, LLP  
28 State Street  
Boston, Massachusetts 02109  
(617) 227-7400

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV418603798US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: February 24, 2005

Signature: 

(Cristin E. Howley, Ph.D.)



<b>Effective on 12/08/2004.</b> pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	09/801185-Conf. #1672
		Filing Date	March 7, 2001
		First Named Inventor	Jochen G. SALFELD
		Examiner Name	D. A. Saunders
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1644
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>Attorney Docket No.</b>	BBI-043CPUSCNRCE
<b>(\$)</b>		1,620.00	

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account      Deposit Account Number: 12-0080      Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below      ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17      ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**      **Multiple Dependent Claims**

62      - 114      x      =      Fee (\$)      **Fee Paid (\$)**

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

26      - 23 =      3      x      200.00      =      600.00

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_\_ - 100 = \_\_\_\_\_ /50 \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1253 Extension for response within third month      **Fees Paid (\$)**

1,020.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	55,281
Name (Print/Type)	Cristin E. Howley, Ph.D.	Telephone	(617) 227-7400
		Date	February 24, 2005

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